

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/857735  
APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		2	/	/		
4		0	/	/		
5		0	/	/		
6		0	/	/		
7		0	/	/		
8		0	/	/		
9		0	/	/		
10		0	/	/		
11		0	/	/		
12		0	/	/		
13		0	/	/		
14		0	/	/		
15	/		/			
16		/	/	/		
17		/	/	/		
18		3	/	/		
19		3	/	/		
20		0	/	/		
21	/		/			
22		/	/	/		
23		/	/	/		
24		3	/	/		
25		0	/	/		
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48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	29		22			
TOTAL CLAIMS	32		25			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS